

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILED DATE

**CLAIMS**

|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            |          |      |                     |      |                     |      |
| 2            |          |      |                     |      |                     |      |
| 3            |          |      |                     |      |                     |      |
| 4            |          |      |                     |      |                     |      |
| 5            |          |      |                     |      |                     |      |
| 6            |          |      |                     |      |                     |      |
| 7            |          |      |                     |      |                     |      |
| 8            |          |      |                     |      |                     |      |
| 9            |          |      |                     |      |                     |      |
| 10           |          |      |                     |      |                     |      |
| 11           |          |      |                     |      |                     |      |
| 12           |          |      |                     |      |                     |      |
| 13           |          |      |                     |      |                     |      |
| 14           |          |      |                     |      |                     |      |
| 15           |          |      |                     |      |                     |      |
| 16           |          |      |                     |      |                     |      |
| 17           |          |      |                     |      |                     |      |
| 18           |          |      |                     |      |                     |      |
| 19           |          |      |                     |      |                     |      |
| 20           |          |      |                     |      |                     |      |
| 21           |          |      |                     |      |                     |      |
| 22           |          |      |                     |      |                     |      |
| 23           |          |      |                     |      |                     |      |
| 24           |          |      |                     |      |                     |      |
| 25           |          |      |                     |      |                     |      |
| 26           |          |      |                     |      |                     |      |
| 27           |          |      |                     |      |                     |      |
| 28           |          |      |                     |      |                     |      |
| 29           |          |      |                     |      |                     |      |
| 30           |          |      |                     |      |                     |      |
| 31           |          |      |                     |      |                     |      |
| 32           |          |      |                     |      |                     |      |
| 33           |          |      |                     |      |                     |      |
| 34           |          |      |                     |      |                     |      |
| 35           |          |      |                     |      |                     |      |
| 36           |          |      |                     |      |                     |      |
| 37           |          |      |                     |      |                     |      |
| 38           |          |      |                     |      |                     |      |
| 39           |          |      |                     |      |                     |      |
| 40           |          |      |                     |      |                     |      |
| 41           |          |      |                     |      |                     |      |
| 42           |          |      |                     |      |                     |      |
| 43           |          |      |                     |      |                     |      |
| 44           |          |      |                     |      |                     |      |
| 45           |          |      |                     |      |                     |      |
| 46           |          |      |                     |      |                     |      |
| 47           |          |      |                     |      |                     |      |
| 48           |          |      |                     |      |                     |      |
| 49           |          |      |                     |      |                     |      |
| 50           |          |      |                     |      |                     |      |
| TOTAL IND.   | 1        |      | 1                   |      |                     |      |
| TOTAL DEP.   | 9        |      | 7                   |      |                     |      |
| TOTAL CLAIMS | 10       |      | 8                   |      |                     |      |

  

|              | * 1st |      | * 2nd |      | * 3rd |      |
|--------------|-------|------|-------|------|-------|------|
|              | IND.  | DEP. | IND.  | DEP. | IND.  | DEP. |
| 51           |       |      |       |      |       |      |
| 52           |       |      |       |      |       |      |
| 53           |       |      |       |      |       |      |
| 54           |       |      |       |      |       |      |
| 55           |       |      |       |      |       |      |
| 56           |       |      |       |      |       |      |
| 57           |       |      |       |      |       |      |
| 58           |       |      |       |      |       |      |
| 59           |       |      |       |      |       |      |
| 60           |       |      |       |      |       |      |
| 61           |       |      |       |      |       |      |
| 62           |       |      |       |      |       |      |
| 63           |       |      |       |      |       |      |
| 64           |       |      |       |      |       |      |
| 65           |       |      |       |      |       |      |
| 66           |       |      |       |      |       |      |
| 67           |       |      |       |      |       |      |
| 68           |       |      |       |      |       |      |
| 69           |       |      |       |      |       |      |
| 70           |       |      |       |      |       |      |
| 71           |       |      |       |      |       |      |
| 72           |       |      |       |      |       |      |
| 73           |       |      |       |      |       |      |
| 74           |       |      |       |      |       |      |
| 75           |       |      |       |      |       |      |
| 76           |       |      |       |      |       |      |
| 77           |       |      |       |      |       |      |
| 78           |       |      |       |      |       |      |
| 79           |       |      |       |      |       |      |
| 80           |       |      |       |      |       |      |
| 81           |       |      |       |      |       |      |
| 82           |       |      |       |      |       |      |
| 83           |       |      |       |      |       |      |
| 84           |       |      |       |      |       |      |
| 85           |       |      |       |      |       |      |
| 86           |       |      |       |      |       |      |
| 87           |       |      |       |      |       |      |
| 88           |       |      |       |      |       |      |
| 89           |       |      |       |      |       |      |
| 90           |       |      |       |      |       |      |
| 91           |       |      |       |      |       |      |
| 92           |       |      |       |      |       |      |
| 93           |       |      |       |      |       |      |
| 94           |       |      |       |      |       |      |
| 95           |       |      |       |      |       |      |
| 96           |       |      |       |      |       |      |
| 97           |       |      |       |      |       |      |
| 98           |       |      |       |      |       |      |
| 99           |       |      |       |      |       |      |
| 100          |       |      |       |      |       |      |
| TOTAL IND.   |       |      |       |      |       |      |
| TOTAL DEP.   |       |      |       |      |       |      |
| TOTAL CLAIMS |       |      |       |      |       |      |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDENDMENTS

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